

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/15/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G238		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 03/13/2014	
NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1803 RILEY RD NEW CASTLE, IN 47362			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K010000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 03/13/14</p> <p>Facility Number: 000761 Provider Number: 15G238 AIM Number: 100234630</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, REM Occazio Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This one story facility was fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors and in common living areas. The facility has a capacity of 8 and had a census of 8 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty</p>			K010000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.48.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 03/18/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K01S018	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4</p> <p>Doors are self-closing or automatic closing in accordance with 7.2.1.8</p> <p>Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. Based on observation and interview, the facility failed to ensure 2 of 6 sleeping room doors would close and latch into the door frame and were capable of resisting smoke. This deficient practice could affect two clients who reside in the South Hall first and second client sleeping rooms.</p> <p>Findings include:</p> <p>Based on observations with the maintenance supervisor on 03/13/14 from 1:10 p.m. to 1:20 p.m., the South Hall first and second client sleeping room doors each failed to latch into the door frames and were not smoke resistant due to gaps one inch wide along the latching side of each door in the closed position. This was verified by maintenance supervisor at the time of observations and at the exit conference on 03/13/14 at 2:10</p>		K01S018	<p>1. What corrective action will be accomplished? · Maintenance has been contacted about first and second clients' bedroom doors not latching. · Staff will be retrained on reporting subpar equipment, including household fixtures. · Quarterly Health and Safety Assessments will be conducted to ensure group home meets safety standards. · Home Manager will evaluate home, monthly to ensure group home meets safety standards and any maintenance issues will be reports to Maintenance. 2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · All residents have the potential to be affected by the same deficient practice. · Maintenance has been contacted about first and second clients' bedroom doors not latching. · Staff will be</p>		04/12/2014	

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	p.m.				retrained on reporting subpar equipment, including household fixtures. · Quarterly Health and Safety Assessments will be conducted to ensure group home meets safety standards. · Home Manager will evaluate home, monthly, to ensure group home meets safety standards and any maintenance issues will be reports to Maintenance. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: · Maintenance has been contacted about first and second clients' bedroom doors not latching. · Staff will be retrained on reporting subpar equipment, including household fixtures. · Quarterly Health and Safety Assessments will be conducted to ensure group home meets safety standards. · Home Manager will evaluate home, monthly, to ensure group home meets safety standards and any maintenance issues will be reports to Maintenance. How will the corrective action be monitored to ensure the deficient practice will not recur? · Home manager will evaluate home, monthly, to ensure group home meets safety standards and any maintenance issues will be reported to Maintenance. · Program Director will evaluate home, when on the premises. · Quarterly Health and Safety Assessments will be conducted to ensure group home		

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					meets safety standards 5. What is the date by which the systemic changes will be completed? 4/12/14		

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K01S056	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD PROMPT</p> <p>Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7, 33.2.3.5.2 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: In prompt evacuation facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and two Family Dwellings and Manufactured Homes, is permitted. Automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 2: Not applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in</p>						

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	<p>Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not applicable</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>SLOW Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction.</p> <p>Exception No. 1: Not Applicable</p> <p>Exception No. 2: Not Applicable</p> <p>Exception No. 3: In prompt and slow evacuation capability facilities where an automatic sprinkler system is in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, automatic sprinklers are not required in closets not exceeding 24 sq. ft. and in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or material providing a 15 minute thermal barrier.</p> <p>Exception No. 4: In prompt and slow evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted.</p> <p>Exception No. 5: Not Applicable</p>						

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	<p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5.</p> <p>IMPRACTICAL Where an automatic sprinkler system is installed, for either total or partial building coverage, the system is in accordance with Section 9.7 and activates the fire alarm system in accordance with 33.2.3.4.1. The adequacy of the water supply is documented to the authority having jurisdiction. 33.2.3.5.2.</p> <p>Exception No. 1: Not Applicable.</p> <p>Exception No. 2: In slow and impractical evacuation capability facilities, an automatic sprinkler system in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One and Two Family Dwellings and Manufactured Homes, with a 30 minute water supply, is permitted. All habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 3: Not Applicable.</p> <p>Exception No. 4: Not Applicable.</p> <p>Exception No. 5: In impractical evacuation capability facilities up to and including four stories in height, systems in accordance with NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, are permitted. All</p>						

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	<p>habitable areas and closets are sprinklered. Automatic sprinklers are not required in bathrooms not exceeding 55 sq. ft., provided that such spaces are finished with lath and plaster or materials providing a 15 minute thermal barrier.</p> <p>Exception No. 6: Initiation of the fire alarm system is not required for existing installations in accordance with 33.2.3.5.5. Based on observations and interview, the facility failed to ensure 3 of 13 rooms were provided with sprinkler heads free of paint. LSC 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-2.1.1 requires sprinklers to be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (upright, pendent, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect all clients in the facility.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility on 03/13/14 from 12:40 p.m. to 2:10 p.m. with the maintenance supervisor, the staff office sprinkler, client sleeping room # 2 sprinkler, and client sleeping room # 4 sprinkler were covered in brown paint. This was</p>	K01S056	<p>1. What corrective action will be accomplished? · Maintenance has been contacted about replacing sprinkler heads in office, client bedroom #2 and #4, due to current heads being painted. · Staff will be retrained on reporting subpar equipment, including household fixtures. · Quarterly Health and Safety Assessments will be conducted to ensure group home meets safety standards. · Home Manager will evaluate home, monthly to ensure group home meets safety standards and any maintenance issues will be reports to Maintenance.</p> <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · All residents have the potential to be affected by the same deficient practice. · Maintenance has been contacted about first and second clients' bedroom doors not latching. · Staff will be retrained on reporting subpar equipment, including household fixtures. · Quarterly Health and Safety Assessments</p>		04/12/2014		

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	verified by the maintenance supervisor at the time of observations and acknowledged at the exit conference on 03/13/14 at 2:10 p.m.			<p>will be conducted to ensure group home meets safety standards. · Home Manager will evaluate home, monthly to ensure group home meets safety standards and any maintenance issues will be reports to Maintenance. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: · Maintenance has been contacted about first and second clients' bedroom doors not latching. · Staff will be retrained on reporting subpar equipment, including household fixtures. · Quarterly Health and Safety Assessments will be conducted to ensure group home meets safety standards. · Home Manager will evaluate home, monthly to ensure group home meets safety standards and any maintenance issues will be reports to Maintenance. 4. How will the corrective action be monitored to ensure the deficient practice will not recur? · Home manager will evaluate home, monthly, to ensure group home meets safety standards and any maintenance issues will be reported to Maintenance. · Program Director will evaluate home, when on the premises. · Quarterly Health and Safety Assessments will be conducted to ensure group home meets safety standards 5. What is the date by which the systemic changes will be</p>			

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